

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/019356

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		1		2		
5		1		2		
6		1		2		
7		1		1		
8		1		2		
9		1		2		
10		1		2		
11		1		2		
12	1		1			
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		4		
19		1		4		
20		1		4		
21		1		4		
22		1		4		
23		1		4		
24	1		1			
25	1		1			
26		2		2		
27		1		2		
28		1		2		
29		1		2		
30		1		2		
31		1		2		
32		1		2		
33		1		1		
34	1		1			
35		1		1		
36		1		1		
37		2		2		
38		2		1		
39	1		1			
40		1		1		
41		1		1		
42		1		1		
43		1		2		
44		1		2		
45		6		1		
46		6		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
52	1		1			
53		2		2		
54		2		2		
55		2		2		
56		2		2		
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99						
100						
TOTAL IND.		↓	10	↓		↓
TOTAL DEP.		←	85	←		←
TOTAL CLAIMS			95			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331